

## PART 1B FEE(S) TRANSMITTAL

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7590

01/09/2007

Robin W Asher  
 Clark Hill  
 Suite 3500  
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 Detroit, MI 48226-3435

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Linda J. Hoggarth

(Depositor's name)

*Linda J. Hoggarth*  
 4/9/2007

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/527,256

03/09/2005

Omar D. Tame

19365-100889

2927

TITLE OF INVENTION: STOW IN FLOOR SEAT ASSEMBLY WITH AUTOMATIC LATERAL DISPLACEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE
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nonprovisional

YES

\$700

\$300

\$1000

-700.00 DUE

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HERNANDEZ, MICHAEL

3612

296-065110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having one or more registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Clark Hill PLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Intier Automotive Inc.

Newmarket, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501759 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robin W. Asher

Typed or printed name

Date

41,590

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)

(37 C.F.R. 1.11)

Docket No.

19365-100889

Applicant(s): Tame et al.

Application No.

10/527,256

Filing Date

3/9/2005

Examiner

Hernandez

Customer No.

28886

Group Art Unit

3612

Confirmation No.

2927

Invention: STOW IN FLOOR SEAT ASSEMBLY WITH AUTOMATIC LATERAL DISPLACEMENT

Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85☒ Utility Fee: \$ 1400.00☐ Design Fee: \_\_\_\_\_☐ Plant Fee: \_\_\_\_\_☒ Publication Fee: \$ 300.00☐ A check in the amount of \_\_\_\_\_ is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-1759 as described below.☐ Charge the amount of \_\_\_\_\_☒ Credit any overpayment.☒ Charge any additional fee required.☒ Payment by credit card. Form PTO-2038 is attached.

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Signature

Dated: 4/9/07

Robin W. Asher, Reg. No. 41,590  
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(313) 965-8300

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(Date)

Signature of Person Mailing Correspondence

Linda J. Hoggarth

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